

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	M.W AG	1107 640	10/17 11/05/01 3-26-02

BEST AVAILABLE COPY

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	Original
1	8/03/01
2	✓
3	0
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5	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
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